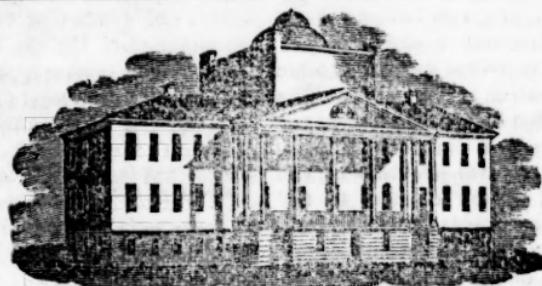


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I.

*On the Management of Floodings  
in the Later Months.—From  
Lectures delivered at Guy's  
Hospital,*

By Dr. JAMES BLUNDELL.

(Continued from p. 653.)

THE grand errors which you are likely to commit in cases of this kind, are the following:—You may begin your operations too early, when the softer parts are rigid, and, by forcing up the hand, you may, I conceive, bruise and tear and destroy the patient, though, on the whole, it must be admitted that of this there is not much danger, as in placental cases the parts are generally relaxed. Again, in these cases you may lose the patient by delaying the delivery too long, for you may wait till the woman is so much reduced, that she dies either before the operation can be performed, or as soon as the fœtus is taken away. By the expectation of pains, you may also be misguided

—misled by that silly rule, which you will recollect I formerly denounced. The placenta lying over the mouth of the womb, you may have pains, it is true, but the floodings may be so copious that the womb becomes, in a great manner, paralysed, and while you are waiting for the pains, the patient may die. Violence you may commit in performing the operation—atrocious violence—in obstetrics, the sin which cannot be forgiven. If you are too urgent in forcing the hand into the vagina—if you are too rough in dilating the os uteri,—and this is almost the only case in which it is allowable to dilate the os uteri,—look at these preparations, and mark the effects. The dangers of asphyxia I have already pointed out. Sitting down at the bedside, without the pause of reflection, you may proceed headlong to perform the operation, when the patient is so reduced already, that the loss of two or three ounces more of blood will sink her; and

what is the result of this? why, before you have got your hand into the uterine cavity, jactitation, heaving, gasping, and intolerable oppression, may seize on the patient, and, perhaps, before you can deliver the woman, she perishes.

I shall now send you round some demonstrative preparations. The preparation here presented to you illustrates two things: you see, first, the natural situation of the placenta, which coheres to the body of the uterus; secondly, you see the neck of the womb, forming a sort of appendix to the body, as yet not dilated so as to constitute a part of the general receptacle for the ovum. This foetus is about five months old. The dilatation of the cervix uteri will occasion spontaneous bleeding.

In the next preparation, you may observe the lower part of the uterus, consisting of the neck and mouth; over the os uteri the placenta is placed. That woman was not delivered, because she had no pains; the practitioner was an admirer of the *silly* rule; the consequence was her death, and this preparation. Mr. Randall, a very intelligent practitioner, made me a present of the parts. In the practice which we have reprobated, he had no share.

Here is a preparation in which the os uteri is beginning to open: the neck of the uterus forming a part of the general receptacle for the foetus. Now it is when the cervix uteri makes its transit from the undilated to the dilated condition, in the seventh or eighth month, that the detachment of the placenta and the bleeding is produced. In the preparation I now show you, you see the ovum with its placenta perforated, and suspended upon a bladder passed

through the aperture. These are the secundines of a woman whom I delivered, the placenta lying over the mouth of the uterus; a hole was made through the placenta, and gradually, by dilating simultaneously the os uteri and the placenta, room was obtained for the introduction of the hand.

*Of latter Flooding, in which the Placenta is not situated over the mouth of the Womb.*

It frequently happens, in the latter months of pregnancy, that you have large eruptions of blood from the uterus, though the placenta be not implanted over the mouth of the uterus; and this absence of the placenta from the mouth of the uterus is to be ascertained, in the more dubious cases, solely by very careful examination. That the flooding is not occasioned by the situation of the placenta over the mouth of the womb, may be reasonably suspected when the bleeding is not spontaneous, but clearly referrible to some exciting cause, a fright or a fall, for example, though these eruptions may sometimes occur without being preceded by any obvious accident to which they may be attributed. That the flooding is independent of the situation of the placenta over the os uteri may, too, be shown in some cases by the freedom of the patient from those large gushes of blood during the pains, so frequently occurring when the placenta is implanted over the mouth of the womb. These diagnostics, however, are presumptive merely; understand, clearly, that the only certain mode of deciding whether the placenta is or is not lying over the mouth of the os uteri, is by careful examination.

Under various forms it is, that these floodings manifest themselves, when the placenta is not deposited upon the mouth of the womb. In the seventh or eighth month, for example, the patient may die suddenly, with symptoms very similar to those of ruptured aneurism; and on laying open the body after death, two or three pints of blood may be discovered within the cavity of the uterus, and this, too, although there have been no external bleeding. On this variety of flooding, however, I forbear to dwell; it is of rare occurrence, and, in the present condition of knowledge, scarcely admits a remedy.

In the latter months, when the placenta is not lying over the mouth of the womb, floodings of a different kind, more frequent though not common, are found to occur. Perhaps the woman is in strong labor, and the liquor amnii has been discharged, and the head of the child is descended into the cavity of the pelvis, and a sudden eruption of blood takes place in the middle of the labor. In cases of this kind, if the discharge is not very abundant, and the head of the fetus is not advancing with unusual tardiness, the less you interfere the better. Puzos, a practitioner of Paris, used (as I am informed) to recommend the urging forward of the pains by making pressure on the os uteri, perineum, and back of the vagina, which, as he imagined, had the effect of stimulating the uterus and of multiplying the efforts. Of this practice I have had but small experience; contusions would be the result of a rough administration of it. If it really possess the power imputed, and effectually accelerate the birth

of the fetus, it would, with due gentleness and caution, be well worth a trial in the more copious floodings of this kind: but, after all, I incline to think that other practices may be more advantageously adopted, with a view of stimulating the efforts of the uterus; and of these it is my design to treat at large hereafter, when on the subject of lingering labor. The ergot appears to be especially indicated. If, again, in the middle of the labor the bleeding takes place, and that too in quantity which is dangerous; should the head be above the brim, you must introduce the hand, and bring the fetus away by the operation of turning; but should the head be below the brim of the pelvis, you may introduce a lever, or a pair of forceps, abstracting the fetus in that manner. So that the practice here is very simple; so long as the discharge is not dangerous, it is unnecessary to interfere actively with your manual practice, but if the discharge is so abundant that life seems to be thereby endangered, unless, as before explained, asphyxia forbid, manual operations become necessary; if the head of the child be below the brim, the lever or forceps may be used; if it be above the brim of the pelvis, the hand must be introduced into the uterus, and the child must be abstracted by the operation of turning, already considered at large; the evacuation of the uterus in these cases being the only effectual mode of putting a stop to the discharge.

But to proceed to the next variety: If engaged in a large consultation practice, as it is called, sometimes, and, indeed, not uncommonly, you will meet with

flooding cases where the placenta is not placed over the mouth of the womb, and where the labor, perhaps, is not as yet begun, the patient being attacked with copious bleeding, at a time when the membranes are unbroken, and when the os uteri is wholly or in great measure closed. Now in cases of this kind, if the discharge be unattended with danger, you need not actively or manually interfere. Let the patient lie a-bed —let her be kept cool and quiet ; if there be a slight fainting, let it be encouraged : refrigerants may be of use ; and turpentine and lead may be given ; and cold may be applied topically ; in a word, to check the bleeding, you may have recourse to all the various practices already recommended, and as yet, I trust, not wholly forgotten. If, however, as not unfrequently happens in those bleedings, you are alarmed for the safety of the patient, you may then be justified in having recourse to manual practices ; and if, then, the placenta is not upon the mouth of the uterus, and if the liquor have not as yet been discharged, then it seems to be agreed that the preference is to be given to that beautiful operation, which consists merely in the rupturing of the membranes, and the discharge of the liquor amnii. For this purpose, the haemorrhage continuing, pass a finger or two to the membranes, then take a female sound, (if bluntly pointed, all the better,) and, carrying this through the membranes, tear them a little, so as to discharge the water. Rigby, who first recommended the practice in this country, and who has all the merit of originality, tells us, I think, that in as many as sixty cases, he found this ope-

ration sufficient to arrest the discharge, or, at all events, to diminish it so much, as to secure the patient from danger. Merriman, in his very excellent Synopsis on Midwifery, states, that in nearly thirty cases of uterine bleeding in the after months, he found this operation alone sufficient effectually to check the discharge. Now the danger of the cases considered, this success is splendid. Nor have I in my own practice found reason to doubt the efficacy of the remedy. Your practice, therefore, lies here within a very narrow compass, easily administered, efficaciously operative. The placenta not lying over the mouth of the womb, and the os uteri being shut, provided the discharge be not very large and dangerous, you do not interfere with the membranes, but wait, at least for a time, to see whether the bleeding will not cease of itself ; but if the discharge continues, so that you are alarmed for the safety of your patient, even then you ought not, without reflection, to thrust your hand into the uterus ; for, in general, it is sufficient merely to rupture the membranes ; an operation, than which none in midwifery is more easy, and in this way discharging the fluid of the ovum, you more or less completely arrest the discharge. The operation is beautiful—simple as it is effectual.

The placenta not lying over the os uteri, it now and then happens, that notwithstanding the discharge of the liquor amnii, the flooding still continues. Now, in cases of this kind, provided the patient's life appear to be in danger, the only remaining resource is, to bring away the child by the operation of turning ; for of the re-

maining means for arresting the bleeding, the most powerful is the thorough evacuation of the uterus. If the softer parts are rigid, if the os uteri is shut and unyielding, if the patient is in a state approaching to asphyxia, so that it is necessary to wait till she rally, you must refrain from interfering; remain in the house—abide in the bed-chamber; be patient—be vigilant; and when your patient has rallied somewhat, make an examination, to know whether the hand can yet be introduced with safety; and if from the laxity of the softer parts, and the dilatation of the uterine mouth, it seem evident that turning may be safely executed, let the hand without delay be carried into the cavity of the uterus, for the sooner the foetus is abstracted the better.

The following are the principal errors which you are apt to commit in the management of those floodings in which the placenta is not lying over the mouth of the uterus, and they will deserve a little consideration. The neglecting to ascertain whether the placenta is, or not, lying over the mouth of the womb, is a capital fault, for your whole practice must turn upon that knowledge; if the placenta is lying over the mouth of the womb, one kind of practice becomes necessary; if it is not so situated, another. The trusting too much to medicinal treatment, to the exclusion of manual interference, is another great error in the management of the latter floodings. In the general, as I have observed on preceding occasions, the best accoucheurs are those who interfere the least with the fingers or the hand; but if there be an exception to that rule, that exception

lies in the management of these flooding cases of the latter months, where, owing to the danger arising from the large discharges of blood, practices prompt and efficacious are peremptorily required. Denman, a cautious and experienced practitioner, remarks, I think, somewhere, that if we are to err in those cases, we ought rather to err on the side of promptitude than procrastination; adding, if I remember right, that it is rather a sign of wisdom than of officiousness, to show a readiness in these cases to discharge the liquor, or to deliver by the hand. Again: if you have not seen much of flooding cases, you are liable to be alarmed at the quantity of blood that is discharged, being induced, of consequence, to carry your hand into the uterus, when, perhaps, it would have been a better practice to have confided the suppression of the bleeding to the rupture of the membranes, an operation at once safer and more easy.—Further, the delivery of patients in a hurry is a great error; it is more than an error, it is a crime. Into this crime, in unguarded hour, you may be seduced, if you have delayed too long the delivery, when really required; anxious to save your reputation and your patient, you accelerate, you bruise, you tear, you destroy. I now repeat what I observed once before: in obstetrics, a thrust of the hand into the uterus may prove as fatal, and will generally produce a more extensive wound, than the thrust of a bayonet. The waiting for pains is an error which you may commit; on this I dwelt in a preceding lecture. You have not forgotten the silly rule; where there are large floodings, the

womb may be paralysed ; nor should you, therefore, if symptoms require it, be deterred from manual interference, merely because the pains are wanting. The absence of pains, if it proves anything, rather proves the necessity of obstetric assistance, because it proves that the natural efforts are inadequate to the expulsion of the foetus.

## II.

From the Edin. Med. and Surg. Journal.

*Some Account of an Anomalous Disease which raged in the Islands of St. Thomas and Santa Cruz, in the West Indies, during the Months of September, October, November, December, and January, 1827-8.\**

By GEORGE W. STEDMAN, M.D., of Santa Cruz.

TOWARDS the end of September, 1827, a disease of a very singular character suddenly made its appearance in the Island of St. Thomas, and attacked almost every individual in the town, which contains a population of about 12,000 souls. As it was unknown to the faculty, the vulgar, as commonly happens, gave it names of their own ; and, ridiculous as they may sound, they soon became the only appellations of the new malady. The English negroes in St. Thomas called it the *Dandy Fever*, while the French vulgar called it

the *Bouquet*, which again was corrupted into the *Bucket*. However ridiculous the names are by which this fever has been distinguished, it deserves, from the singularity, as well as the novelty of its symptoms, to be made known to the medical world.

The disease appeared so suddenly, and spread with such rapidity, and the suffering attending it was so great, that at first it caused universal alarm, and was considered a sort of plague that would probably ravage the whole country. It was soon, however, discovered, that although a very painful, it was by no means a dangerous disease, and that, if the attack was rapid, the recovery was no less speedy. This at least was the general belief, until longer experience showed the troublesome nature of the secondary pains that constitute the third stage of the disorder. But though not fatal, it was sufficiently formidable, both from the pains that accompanied it, and the universality of its attack, to excite the deepest interest both among practitioners of medicine and in the public at large.

Not a day passed but hundreds were attacked ; and of this the consequence was a great interruption to trade, in the most crowded port in the West Indies. It is well known that St. Thomas is the great *entrepot* for the trade of Europe and the United States of America to Colombia and the islands. Being a free port, and possessing one of the best harbors in the West Indies, it is always crowded with vessels from every part of the world, and from every civilized nation. That it should become the seat of a new disease cannot therefore appear wonderful.

\* We have already published some notices of this singular disease, which among us has been known by the name of Dengue. The present paper, however, seems to give a more minute history of it than any other we have seen, and we therefore think it worth re-publishing, more especially since, if the author's view of its contagious nature be established, it is a complaint which we may all have occasion to treat, and which it is therefore desirable we should understand.—ED.

The fever of which I now propose to treat was most distinctly divided into three stages, each of which was distinguished by characteristic and unequivocal symptoms. It was on this account at first reported that no person was safe until he had undergone three attacks of the disease. But longer experience convinced every one, that these apparently distinct attacks were only successive stages of the same malady.

The invasion of the symptoms was not less sudden than their progress was rapid. A person walking along the street might be suddenly seized with acute pain in one or both knees—in the ankles—the wrists—or in all of these joints at once—though in general only one was at first affected. Upon attempting to move the affected joint, he would find to his surprise that it was stiff, and that the least motion gave so much pain as to render a second attempt impossible. It is even said that when the disease first appeared in St. Thomas, several negroes, who, being all at once attacked with the pain in the knees, had fallen down, were actually apprehended by the police for drunkenness.

The most usual mode of attack, however, which appears not a little singular, was the following: A person in perfect health would suddenly feel a stiffness amounting almost to pain in one of his fingers, and most frequently his little finger. The stiffness increased, and was accompanied by an intense degree of pain, which spread rapidly over the whole hand, and up the arm to the shoulder. The fingers of both hands in a few hours became swelled, stiff, and painful, preventing all attempts at bending the joints.

This was followed in a short time by restlessness, depression of spirits, and a degree of nausea, ending in some cases in vomiting. Then came on shivering, succeeded by fever, great heat of skin, intense headache, most acute pain in the back, knees, ankles, and in short in every joint. But perhaps the most distressing symptom of this stage was the intense pain in the eyeballs, which appeared to the patient too large for the socket, and ready to start from the head. In some cases the first stage was ushered in by an irregular distribution of blood, so that while the hands and feet were cold, the rest of the body, particularly the head, was intensely hot.

The fever and heat of skin by degrees became established. The head and eyes now particularly suffered, and, together with the joints, the whole body was racked with pain, so that the unhappy sufferer could not tell of which he would rather get rid, had he the choice. In my opinion, the pain in the eyes and back was the most afflicting; but most people experienced equal torture in every part of the body. In some the features were swollen and distorted, especially the eyelids; in others the fingers suffered most in this way; while in one or two cases, along with the swelling of the face, a profuse ptalism took place.

Another peculiar feature of this disease is, that patients complained during all its different stages of a feeling of intense cold, and felt the warmest coverings scarcely enough. This feeling was observed even when the skin to the touch was intensely hot. When I had the disease I was obliged to cover myself with two or three

blankets, although the weather at the time was sultry.

In every case, where the first stage was in any degree well marked, even patients who had suffered the most severely from the common fever of the country, declared that they had never experienced, nor could have conceived, pains equal to what they felt in this fever. Not one inch of the body, from head to foot, was exempt from suffering. This, together with the restlessness, which in general forms the most disagreeable symptom in common fevers, and a distressing sickness of stomach, which also occurred in many instances, rendered this disease more painful than any that usually afflict mankind.

These symptoms, if not relieved by art, continued with more or less severity for twenty-four or thirty-six hours. The fever generally abated about that time, and, as the fever went off, the pains of the joints grew less and less severe, leaving the fingers, ankles and toes, last.

The patient then continued in a state of languor, irritability, and restlessness, for three days, during which there was a complete absence of fever. But as happens after fevers in general, although there was no acute suffering, the feelings were very different from those of health. Added to these ordinary consequences of fever, this intermediate period was characterized by complete want both of thirst and hunger in some; while others who felt thirst had no hunger. The sense of taste seemed entirely lost, so that no difference could be perceived between the taste of a biscuit and a beef steak, or any other articles of food the most dissimilar. This

was more distressing in some than in others; and those who had it most, had, at the same time, little aphthous sores on the inside of the lips and on the tongue, which rendered eating painful.

\* The third or fourth day after the primary fever, but generally the third, was ushered in by a degree of fever more or less severe. For while some people were merely feverish, others had so smart an attack, as to be obliged to return to bed.

An efflorescence was perceived at the same time to begin at the palms of the hands, and to spread over the whole body. It is difficult for me to describe the precise appearance of the efflorescence; and I regret to say that I could get no one to delineate it for me. Some idea, however, may be formed of its general appearance, for it differed a good deal in different cases, by imagining a *blotch* or *wheel* of red-colored skin between that of scarlet fever and that of measles. The efflorescence was accompanied in the severer cases by swelling of the feet, hands, and face, particularly the eyelids, and by a distressing tingling, which, as the eruption disappeared, became an intense itching, that almost drove the sufferers distracted. The efflorescence generally began to fade on the second day, and was entirely gone before the third morning. This was followed in almost every case by some degree of desquamation, which in a few instances, as will be afterwards related, gave rise to very troublesome consequences. This secondary fever generally disappeared early on the second day.

This is the second or eruptive stage, which, in my opinion, stamps

the chief distinction on the complaint, and proves it beyond doubt to be one of the exanthemata.

After the eruptive stage, the patient began to recover his spirits and his strength; but in many cases a complete want of taste remained for some days.

Many people did not get rid of the pains in the joints for many weeks, the third or rheumatic stage coming on immediately after the eruptive. In general, however, the disease gave a degree of respite for three, four, and even in some cases six weeks, and then attacked the joints with more pain and paralysis than at first. These pains were not accompanied by fever; and they generally fixed themselves in one or two joints, and continued to excruciate the patient for weeks together. It is remarkable that they were always severest in the morning, and wore off in some measure towards evening. Some people, in addition to the secondary pains, were tormented by the most distressing itching of the skin; while in others the joints, particularly those of the fingers, became stiff, painful, and swelled to such a degree as to produce deformity.

The secondary pains were chiefly felt in the joints, especially in the joints of the fingers and toes, the wrists, the ankles, and the knees. Many people were rendered bed-ridden for several days. In these the slightest motions gave such intense agony as to call forth groans and shrieks of pain even from the most resolute. It was pitiable to see the patients who suffered the last part of the disease severely. Stout able men were to be seen lying flat on their backs, afraid to move even the little finger, and hardly venturing

to breathe. To lift a hand to the head seemed almost impossible; and they were consequently obliged to have their food put into their mouth as if they were babies.

Except these local pains, and the general irritation which they naturally created, no other symptom of disease remained. The appetite was good, although the sense of taste was still somewhat blunted; and the unhappy patient, with most of the feelings of health about him, lay pinioned to the spot, like Gulliver when he awoke on the shore of Lilliput.

This description, it may easily be imagined, applies only to the severest form of the disease; for nothing more distinguished this malady than the infinite varieties of its severity, and the disproportioned violence of its different stages. For while some, who underwent the primary fever with the utmost mildness, had the eruptive attack with great violence; others, who had passed gently through both, and were congratulating themselves on their escape, were suddenly crippled by the secondary pains.

In a period varying from three to four or six days, however, the pains began gradually to recede, deserting one joint after another, until they remained fixed for some time in one. This process occupied several weeks, and was often attended by relapses, which brought the patient back to his former state of pain and weakness. It was universally observed, however, that the pains were intense in the morning, and generally became less severe towards evening. It was also remarked, that those whose unavoidable occupations forced them to exertion, or who had resolution enough to ex-

ert themselves voluntarily, got sooner rid of the pains than those that gave way to them.

After the malady had raged for some time, and people were beginning to recover, it was not a little amusing to see almost the whole population limping about, some with their arms in slings, and others with their bodies half bent, and several on staves or crutches. Besides these secondary pains, some persons were afflicted with a continual itchiness of the skin, which prevented sleep, and rendered life intolerable.

One old gentleman, nearly 80 years of age, who had undergone the primary disease with great mildness, had the eruption in a form so severe, that his skin came off in flakes like pieces of parchment, and left his whole body quite red. In fact, he resembled a boiled lobster in color. This affection was attended with so distressing an itching, that he was in the utmost misery. He was cured by cooling purgatives, large draughts of a solution of cream of tartar, and a strong wash made of nitric acid and water.

In some old men the skin came off the scrotum, producing a most intolerable itching; while in others who had a tendency to swelled testicle, that part swelled to a great degree. Others, who were subject to the disease called in the West Indies the *Rose*, and which is nothing but the primary disease of which elephantiasis is a sequela, had a return of their complaint, terminating in several instances in extensive abscess.

One young gentleman, a patient of mine, was confined to his bed for nearly two months with acute pain in his left foot and ankle. The ankle at first seemed as if it

were going to suppurate, for it was red, tender, and soft to the touch. These appearances gradually receded under the use of poultices, leaving the part as painful as before. It is only now, upwards of two months since the commencement of his illness, that the unhappy patient is able to move about with crutches; and the least motion in the ankle-joint still gives great pain.

Though the description I have now given applies to the usual form of the disease, yet there were many anomalies in its mode of attack. Thus, in some few cases, the eruption occurred on the first or second day of the primary fever, while in other instances no eruption at all was to be noticed.

In one instance, Mr. M., a manager at an estate near town, the primary fever came on, with an eruption of a most peculiar character, consisting of large blotches or rather wheals, that varied in size from a shilling to a half-crown, red, and raised perceptibly above the surface of the skin, and giving a distinct feeling of roughness and elevation to the finger when passed over them. This eruption continued two days, and was accompanied by all the symptoms that peculiarly distinguish the first stage.

The disease proved fatal only in three instances, and, strange to say, they were in negroes, although this class of persons had the disease in general with infinitely greater mildness, than the white inhabitants. This was an extremely fortunate circumstance; for, as the disease came on about crop time, had the negroes, who form the agricultural laborers, been as severely at-

tacked as their masters, and suffered as much from the secondary pains, the whole crop must have been lost, and misery and wretchedness would have ravaged the country. Fortunately, however, the negroes in general had the disease in its mildest form, and were rarely afflicted with severe secondary pains. It is a remarkable circumstance which I may mention here, that the household servants had the disease, both primary and secondary, with infinitely more severity than their more laborious brethren of the field.

Of the cases which I have mentioned as fatal, two were children about five or six months old, who died from irritation consequent upon a most severe desquamation of the cuticle, followed by inflammation of the true skin, that, from head to foot, was red, raw, and exceedingly painful. The other case was that of a negro man, a field laborer, who, after passing through the first stage, was attacked with violent inflammation of the lungs, and died of it, although incessant attention was paid to him.

That this disease was contagious, I have not the least doubt, and I shall, I think, be able to bring forward sufficient evidence to this effect, when I come to treat of the disease more in detail. I shall there show its progress from house to house, and from estate to estate. In the meantime, the mode of practice must be detailed.

The cases, as they at first appeared in this island, were so mild, that during the first stage or stages of great excitement, I contented myself with prescribing purgatives, followed in the even-

ing by the warm bath, or pediluvium and diaphoretic remedies. In many cases, however, I could do nothing but prescribe palliatives, as the patients declared that they could not take purgatives, owing to the pain which the least motion gave them.

Where the pain of the head was very intense, I applied a blister to the back of the neck, with great relief to the patient. Where the pain in the eyeballs was chiefly complained of, mustard cataplasms were applied for about half an hour to the temples with great benefit. Sometimes the back was the part most affected. In this case the pain stretched up to the muscles of respiration, producing a difficulty and pain in breathing that might at first be mistaken for an affection of the lungs. This was entirely removed by the application of a strong mustard plaster to the small of the back. Perhaps nothing can show better the distressing nature of these pains, than that patients expressed pleasure when they felt the pain of the blisters or the mustard plasters, as these remedies relieved them from the deep-seated aching pain of the fever.

As the epidemic became more severe, I found it necessary to have recourse to bleeding, and the great success that at once attended the practice determined me to continue it. The following is an account of the first case in which I bled in this fever.

CASE.—C. S. aged 21, was suddenly attacked, on November 11, 1827, with shivering, intense pain in the knees, ankles, back, and head, accompanied by full quick pulse, heat and dryness of skin, and unusual thirst. Next day when he sent for me, I found

him laboring under all these symptoms, and affected with the most agonizing pains in the head and back ; his eyes had a peculiar yellowish muddy appearance, which in this climate is a sure sign of great congestion in the head. His fingers also pained him, but they were not so much swelled as in most cases.

I prescribed six grains of calomel and divided doses of Epsom salt to produce full evacuations ; and directed the skin to be frequently sponged with cold vinegar and water. In the evening, although he had free evacuations, and had been sponged during the whole day with vinegar and water, the headach was not relieved ; the fever still continued with unabated intensity ; the skin was hot ; the pulse full and strong. At his own request I bled him in the arm to 3 xij. with immediate relief to the fever, headach, and all the other symptoms. He rested well that night ; next day he was out walking, complaining only of a little stiffness in the joints ; and he subsequently went through the eruptive stage and secondary pains with comparative ease.

The bleeding in this case evidently cut short the disease, and produced such instant relief, as determined me to make use of the remedy afterwards in every case where there was any symptom of plethora.

Though I found bleeding of the greatest use, I made it a rule never to have recourse to it until the febrile excitement was fully established. During the period of partial congestion, which preceded the more severe symptoms in this as in other fevers, I had recourse to the general or partial

warm bath with very beneficial effect. Brisk purgatives then followed. Nothing, however, seemed of so much use as bleeding from a large orifice. In using this remedy I was not always guided by the pulse ; for I found that though the pulse might be small and weak, the relief afforded was nevertheless great, and the pain in the affected parts much lessened. When the bowels were well opened, I used after bleeding in the severer cases, and even without it in the milder, to prescribe a dose of Dover's powder at bedtime, preceded by the warm bath or *pediluvium*. The powder I gave according to the strength of the patient. For a stout person I found gr. xiv. not too much, while to few did I give less than gr. viij. To those who objected to the powder, I gave the *Haustus Anodynus Antimonialis*, and followed the dose in both with warm diluent drinks.

These remedies frequently produced perspiration and sleep, to the great comfort of the patient. Often when sweating could not be produced, sleep was procured ; though it also happened frequently that neither the one nor the other followed. Bleeding and purging may therefore be considered as the chief remedies in the stage of excitement, while blisters, sinapisms, and sudorifics, especially the two former, were powerful assistants.

The relief afforded by bleeding was more speedy, and better marked in this complaint than in any other that I have seen ; and after a few trials, the fame of the remedy spread so fast, that patients used to call for the lancet as soon as they saw the Doctor

appear. Immediately after bleeding, the pains of the joints were greatly diminished, the pulse and skin became more natural, the headache and pain of eyes were diminished, and the patient expressed himself thankful for the load that was taken from his body. These good effects were not merely temporary, but seemed permanently to influence the disease, rendering each stage milder than it would otherwise have been. The eruptive stage, in particular, was much mitigated by bleeding on the onset of the primary fever, while the after-pains did not seem to be so much under its control.

I have in no case bled more than once; and I generally took from twelve or fifteen to twenty ounces of blood, according to the strength of the patient. Whether bleeding in the other stages might have been of use I know not; for I never tried it, nor did I think that the symptoms warranted such a practice.

During the eruption I found cooling purgatives, and such beverages as tamarind beverage, cream of tartar in solution, along with the use of the nitric acid wash, of the greatest benefit. For the aphthæ and soreness of the mouth, alum or borax washes were prescribed with good effect. The secondary pains were not much under the control of medicine, but they were in many cases relieved by the nightly use of the warm bath or pediluvium, followed by diaphoretics, and chiefly by stimulating the joints with the volatile liniment, oil of turpentine, strong alcohol, &c.

I may mention, that although it is more than three months since the epidemic broke out in this island, many people are still suf-

ferring very much from the secondary pains, which have no doubt been prolonged by an unusually damp and cold state of weather, accompanied by frequent gusts of wind from the north and northeast.

Although I allow the influence of the weather in aggravating the secondary pains, and even the primary disease, I think there is evidence enough to prove that it is of a contagious nature; that it was imported into St. Thomas, and from thence into this island.

### III.

#### SELECTIONS FROM FOREIGN JOURNALS.

##### *Illness and Post-mortem examination of Dr. Gall.*

This distinguished individual was above the middle stature, and of rather a muscular frame: his forehead was high and broad, and his countenance prepossessing. During many years he was able to give himself up to assiduous application, and suffered nothing in health, except two or three attacks of gout, and some derangements of the digestive organs; but of late years his gait had become heavy, and when he ascended a staircase he experienced a sense of suffocation, frequently accompanied by palpitations. These symptoms had been aggravated within the last eighteen months, and compelled him to keep himself quiet, to observe an exact regimen, and occasionally to lose blood. He was now ascertained to labor under hypertrophy of the heart, with dilatation, especially of the left ventricle. After some months, however, he was able to return

to his usual avocations ; and in November, 1827, he began his Course of Lectures, and continued it, without interruption, till the 3d of April, on which day, when returning home, he experienced some symptoms of cerebral congestion ; and on the 20th he had a distinct, though slight, paralytic affection. He continued with various degrees of alternate improvement and aggravation of the symptoms till the 21st of August, when he died.

*Post-mortem Examination.*—Independently of the disease in the chest, consisting in enlargement of the heart, with incipient ossification, the bones of the head were found to be at least twice their natural thickness. The pia mater was infiltrated with serum, and the arachnoid raised by the effusion all over the surface of the hemispheres. At the base of the skull four or five ounces of fluid were found. The brain, which was not dissected, weighed two pounds ten ounces and a quarter. The right side of the cerebellum was rather larger than the left, and contained a small fibro-cellular tumor, which internally was of a bony structure.

#### *Rupture of the Uterus at the time of Quickening.*

Mrs. ——, æt. 20, lost her life under the following circumstances :—She had been married about fifteen months, and, until the time of her conception, had enjoyed tolerable health ; but since that period had suffered considerably from deep-seated pain in the back and uterine region, together with other symptoms threatening abortion.

Before her marriage, and up to the time of conception, she had experienced an unusual de-

gree of pain at each menstrual period ; and the catamenial discharge was exceedingly scanty. Her death appeared in some measure accelerated by an excursion to Greenwich, in company with her husband, as shortly after her arrival there she was attacked with vomiting and syncope, and in less than an hour she ceased to exist.

Upon examination it was discovered that a rent of about five inches in length had taken place in the uterus, extending itself from the cervix upwards at its anterior part, and rupturing a portion of the placenta. The foetus lay in front of the uterus, enveloped by its internal membrane, and surrounded by coagulated blood, a quantity of which was also found between the intestines and in the cavity of the pelvis. The uterus itself was covered with dark-colored spots, and easily lacerable ; the ovaries were also in a state of disease—the one containing hydatids, the other with the same dark-colored spots as the uterus. The foetus appeared healthy, and is supposed by its movements to have caused the rupture of the uterus.

#### *Midwifery.*

M. Baudelocque has announced (Academie Royale des Sciences) the following discoveries:

1. Applying Galvanism to the foetus, during laborious labors, to ascertain positively whether the foetus be alive.

2. As a substitute for embryotomy, or removing the child piece-meal, to compress and reduce, by means of a forceps of particular construction, the head or body so much that they may be made to pass through the narrowest and most deformed pelvis.

*Respiration of the Crustacea.*

MM. Audouin, and Milne Edwards, read lately to the French Academy of Sciences a fourth memoir "On the Anatomy and Physiology of the Crustacea." The following is the title of their memoir :—*De la Respiration aérienne des Crustacés, et des modifications que l'appareil bronchial éprouve dans les crabes terrestres.* There result from the observations and experiments contained in this memoir, 1. That, in all the crustacea, the bronchiæ are fitted to perform the functions of respiratory organs, in the air as well as in water; 2. That the more or less rapid death of the aquatic species when exposed to the air depends upon various causes, of which one of the most direct is the evaporation from the bronchiæ, which produces their desiccation; 3. That, consequently, one of the conditions necessary for the support of life in animals, which have bronchiæ, and live in the air, is having these organs defended against desiccation; and, lastly, that these indispensable dispositions are actually met with in the tourlouroux and other land crabs, which all possess various organs destined for absorbing and keeping in reserve the quantity of water necessary for maintaining a suitable degree of moisture in the bronchiæ.

*Hydrophobia.*

M. Girard, of Alfort, communicated lately to the Royal Academy of Medicine some facts relative to the above complaint. Two dogs bitten by a rabid animal were brought to the school at Alfort: the quarantine was observed only for forty-three days, instead of sixty-six which are prescribed by the regulations. Both were seized with hydrophobia; but one two days before the other—that is, one on the sixtieth, the other on the sixty-second day. Experience has shown to M. Girard that the disease more usually appears after than before the sixtieth day. Having in

one instance bled the animal in the jugular vein, horrible convulsions ensued. Having applied the saliva of these rabid dogs upon the backs of two sheep, in a spot where the wool had been cut off and where excoriation had been made, this inoculation was successful. M. Chomel asked if at Alfort it had been remarked that the invasion of the disease was more rapid where the animals were young? M. Girard said, no.—*Arch. Gen.*

*Cyanic Acid.*

A French chemist remarks, that the true cyanic acid is very different from that which chemists have hitherto described under that name; and that the real knowledge of that acid, and of the salts which it is capable of producing, prove that the discovery of the hydrocyanic acid is still more interesting and important than it had been supposed to be.

## BOSTON MEDICAL ASSOCIATION.

JOHN C. HOWARD, M.D. has been admitted a member of this Association. J. G. STEVENSON, Sec'y.

## WEEKLY REPORT OF DEATHS IN BOSTON,

Ending Nov. 21, at noon.

Nov. 14.	Barth. Mullen,	33 yrs.
	John McCrillis,	30
	Elizabeth Finn,	77
	Susan Gore,	11
	Charles McDonnell,	56
	Charles E. Davis,	16 mo.
	Louisa J. Nance,	11 w.
17.	Mary Kelley,	30 yrs.
	James Peirce,	2
	Francis McCormick,	8 days.
18.	Sarah Ann Mitchell,	7 mo.
	Mary A. Nance,	20
19.	Lydia Dearborn,	81 yrs.
20.	Mary Osborn,	40
	Ruth Oakes,	38
	John Homer,	33
	Harriet E. Kettell,	11 mo.
	James McKennay,	3
21.	Margaret Pender,	46 yrs.
	Mary Everett,	6 w.

Accidental, 1—croup, 1—consumption, 4—canker in the bowels, 1—convulsions, 1—dropsy in the head, 1—hooping cough, 1—intemperance, 1—lung fever, 1—marasmus, 1—old age, 2—spasms, 1—unknown, 3. Males, 8—females, 12. Total, 20.

## ADVERTISEMENTS.

## SURGICAL INSTRUMENTS.

**D**avid & John Henshaw & Co.  
No. 33, India Street, near the head  
of Central Wharf, have for sale a very ex-  
tensive assortment of Surgical Instru-  
ments. Gentlemen wishing to purchase  
will find it to their advantage to call and  
examine them. Oct. 14.

6mo.

## ABERNETHY'S LECTURES.

**T**HIS day published by Benjamin Per-  
kins & Co. Lectures on *Anatomy*,  
*Surgery*, and *Pathology*, including obser-  
vations on the nature and treatment of  
*Local Diseases*,—delivered at St. Bartho-  
lomew's Hospital, by JOHN ABERNETHY  
F. R. S. 6w.

*Boston, Sept. 22, 1828.*

## A VACANCY.

**A** PHYSICIAN in Connecticut, whose  
ride is in a level country, with ex-  
cellent roads, plenty of business and good  
pay, is willing to vacate his place on ac-  
count of failure of his health. A beauti-  
ful village, daily stage and mail, a good  
state of society, a first-rate academical  
institution, a meeting-house within 60  
rods, and a pretty dense population, may  
be mentioned as strong additional induc-  
ments to the purchaser. To physicians  
who are located in a rough country, with  
bad roads—or to those who wish to educate  
their children and still perform a snug  
country practice, the above offer is thought  
to be one of rare occurrence. The terms  
are simply the purchase of the stand, a  
handsome two story dwelling-house, out-  
houses, garden, &c. at cost, which will  
not exceed \$1400. Time of payment  
made easy. A line addressed to T. B. A.,  
Hartford Con. will receive immediate at-  
tention. No letter will be taken from the  
office unless post-paid.

**B**ENJAMIN PERKINS & CO. have in  
the press, and will shortly publish,  
“A Manual for the use of the *Stethoscope*,  
being a Treatise on the different Methods  
of investigating the Diseases of the Chest.  
Translated from the French of M. COLLIN,  
by W. N. RYLAND, with Notes and an

Introduction by a Fellow of the Massa-  
chusetts Medical Society.

Oct. 23, 1828.

Nov. 4—6w.

**NATHAN JARVIS,**  
*Druggist and Apothecary,*

**H**AS taken the Apothecaries' Hall,  
No. 188, Washington Street (lately  
kept by Messrs. Wm. B. & Henry White.)  
His stock of Drugs and Medicines is com-  
plete and genuine. Physicians and others  
are assured that their orders, prescrip-  
tions, &c. will meet with prompt and  
strict personal attention.

The old friends of this establishment  
are requested to continue their patronage.

## PRIZE DISSERTATION

*On the Effects of Spirituous Liquors.*

**A**T the Annual Meeting of the Massa-  
chusetts Medical Society in 1827,  
the following resolution was adopted:

“Resolved, That this Society will use  
the skill of its members in ascertaining  
the best mode of preventing and curing  
the habit of intemperance, and that for  
this purpose a premium of FIFTY DOLLARS  
shall be offered for the best Dissertation  
on the subject; which after being approv-  
ed by the Counsellors shall be read at  
the next annual meeting of the Society,  
and afterwards printed; and that the au-  
thors be requested to point out the cir-  
cumstances in which the abandonment of  
the habitual use of stimulating drinks is  
dangerous; and also to investigate the ef-  
fect of the use of wine and ardent spirits  
on the different organs and textures of the  
human body.”

In consequence of this resolution two  
dissertations were presented; but not be-  
ing sent within the time specified, they  
could not be examined.

At the Annual Meeting of the Society  
in 1828, it was voted to renew the offer  
of the premium on the same conditions,  
and the undersigned were chosen to re-  
ceive and examine the dissertations.

The dissertations presented for the pre-  
miums may be left at the office of Mr.  
John Cotton, Bookseller, Boston, or sent  
to the Chairman of the Committee; on or  
before the 15th day of April, 1829.

JOHN C. WARREN,  
ZABDIEL B. ADAMS, { Committee.  
JOHN WARE,

Published weekly, by JOHN COTTON, at 184, Washington St., corner of Franklin St., to  
whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if  
paid in advance, three dollars and a half if not paid within three months, and four dollars if  
not paid within the year. The postage for this is the same as for other newspapers.